SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Received by (Please Print Clearly) B. Date of	Deliver
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.		gent Idresser
1. Article Addressed to: 12-13-02	D. Is delivery address different from item 1? You If YES, enter delivery address below: N	
* 02-143 J. Richard Carr	AD BCC	
5528 Trent Street Chevy <b>Case</b> , MD 20815	3 027	
	3. Service Type  Certified Mail Registered Insured Mail C.O.D.	thandise
	4. Restricted Delivery? (Extra Fee)	rs
2. Article Number (Copy from service label)  0003 0771 2542		
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00	-M-0952
DOCKET NO. DO	-14/3 ORDER DATED	1 
CEI	RTIFIED PCC	
1.6402, 200	MIMEOGRAPH NO.	1
The Carlotte and the same and	MAIL MIMEOGRAPH NO.	
DEC 1 1 2002	MIMEOSICETI NO.	
DEC 1 1 2002  RETURN REC FOC-Main Carr  5528 Trent Street	AAIL CEIPT REQUESTED C. R. R. NO.	]
DEC 1 1 2002  RETURN REC FOO-MALE NAME: J. Richard Carr	AAIL CEIPT REQUESTED C. R. R. NO.	j

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage
Certified Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Name (Please Print Clearly) (to be completed by malker)

L. K. C. I. A. C. A. C. State, ZiP+4

City, State, ZiP+4